## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				te: A certificate of mail	ng can only be used for	or domestic mailings of the	
				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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WINSTON & STRAWN LLP PATENT DEPARTMENT 1700 K STREET, N.W. WASHINGTON, DC 20006				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON	N, DC 20006			(Depositor's name)			
						(Signature)	
						(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/764,288	10/764,288 01/23/2004		Nurit Livnah		87534-4300	9174	
TITLE OF INVENTION	I: PROTEIN KINASE IN	HIBITORS COMPRISIN	NG ATP MIMETICS CON	IJUGATED TO PEPTID	ES OR PEPTIDOMIM	ETICS	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	<del>-yes-</del> NO	<del>-\$720 -</del> \$1440	\$0	\$700	<del>-\$720-</del> \$74	0 03/03/2008	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
GUPTA, ANISH		1654	530-330000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or type	pe)		M	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
CureGenics Ltd. Rehovot, Israel							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted:  ✓ Issue Fee			p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.				
Publication Fee (N	o small entity discount po		Payment by credit care	Payment by credit card. Form PTO-2038 is attached.			
☐ Advance Order - #	f of Copies		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50–1814 (enclose an extra copy of this form).				
5. Change in Entity Stat	us (from status indicated SMALL ENTITY status	above)	<b>▼</b> b. Applicant is no long				
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Authorized Signature Ollan Ortanusci Date 12 19 07							
Typed or printed name Allan A. Fanucci Registration No. 30,256							
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